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CONFIRMATION NO. 3979

<b>SERIAL NUMBER</b> 10/693,980	<b>FILING OR 371(c) DATE</b> 10/28/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 4821-528-999
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**APPLICANTS**  
 Thomas P. Jerussi, Framingham, MA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 10/278,097 10/23/2002 PAT 6,974,837 which is a DIV of 09/770,663 01/29/2001 PAT 6,476,078  
 which is a CIP of 09/662,135 09/14/2000 PAT 6,339,106  
 which is a CIP of 09/372,158 08/11/1999 PAT 6,331,571  
 which claims benefit of 60/099,306 09/02/1998  
 and claims benefit of 60/097,665 08/24/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/05/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
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Verified and Acknowledged  
 Examiner's Signature: *PS* Initials: *PS*

**ADDRESS**  
 20582

**TITLE**  
 Methods of treating and preventing depression using didesmethylsibutramine

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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